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EXHIBIT 79

OPINION | OP-EDS

An open letter to the Columbia administration



By Anna Fedorova / Staff Photographer

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On March 10, the federal grant funding the Diabetes Prevention Program Outcomes Study was terminated by the National Institutes of Health as part of the federal government's response to alleged Title VI infractions at Columbia. Although Columbia is considered the primary recipient of this grant, 90 percent of the funds were being spent outside of Columbia through subcontracts to 30 Diabetes Prevention Program Outcomes Study centers located in 21 states. However, as the central financial grantee, only Columbia can appeal the termination of the grant, and to date, it has been reluctant to do so. Without funding, the DPPOS, which is almost 30 years old, will die.

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physical activity. Its major results were announced in 2001 and published in the New England Journal of Medicine in 2002. Today, the DPP publication remains the most frequently cited article in the diabetes prevention literature. The DPP lifestyle intervention was subsequently adopted by the Centers for Medicare and Medicaid Services as the Medicare DPP.

Since the completion of the DPP, which spanned from 1996 to 2001, its participants have been continuously monitored to determine the longer-term consequences of diabetes prevention, including potential benefits for heart disease, stroke, eye and kidney disease, cancer, and frailty. Of note, the prediabetes and diabetes populations in the United States total approximately 100 million and 40 million, respectively. The DPPOS study therefore seeks to study health concerns that affect a substantial fraction of the U.S. population—thus the long-term maintenance of the study is critical to addressing multiple major public health issues.

Beginning in 2022, DPPOS turned its attention to examining the development of Alzheimer's disease and other dementias among its diabetic and prediabetic members, who now have an average age in the 70s. With the shift in focus, the funding moved to Columbia, which in turn distributed it nationwide.

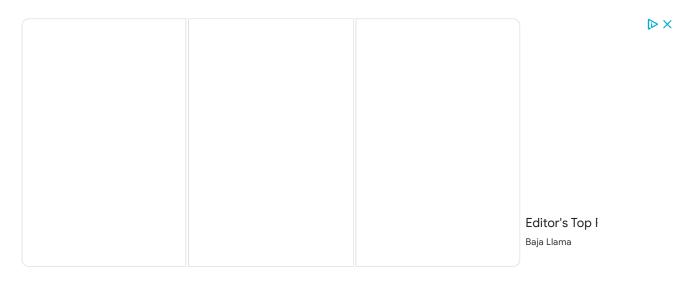
Since March 10, the DPPOS leadership has sought to have the funding restored by highlighting our innocent bystander status in the press and appealing to members of the Congressional Diabetes Caucus, the largest caucus in Congress. Thus far, Columbia has not submitted a formal appeal of the termination to the NIH on our behalf; instead, it has required us to wait while it negotiates a University wide appeal. Unfortunately, this places our study in grave peril. Staff at the 30 clinical sites are already being laid off, and clinics are preparing to close.

The failure of Columbia to file a timely appeal on behalf of the DPPOS is damaging the DPPOS infrastructure irreversibly. We cannot wait any longer to submit the appeal, which may be our only hope. Further, Columbia has prevented us from submitting an application to the NIH for a supplement that would allow us to conduct an orderly close–out, protect the data, and honorably conclude the relationship with study participants. The loss of the DPPOS would mean that important public health questions related to diabetes and dementia may never be answered: the almost 30 years of data it has collected from its 1,700 current participants is unique and cannot be replicated.

The DPPOS is addressing the prevention of chronic diseases that have been highlighted by the current federal administration. Every day that goes by threatens the survival of this valuable scientific resource. Without funding, staff at our 30 centers will need to find new employment; with their departure, long-term connections with loyal participants will inevitably disintegrate.

from the NIH in order to carry out an orderly study closeout. Unless Columbia acts now, the DPP/DPPOS will end, leaving unaddressed some of the most important questions in public health.

The Diabetes Prevention Program and DPP Outcomes Study Research Group is composed of the investigators and staff at the study centers including the participant study sites, coordinating center, central laboratory, and reading centers.



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